

Drug Laboratory GC/MS Daily QC Check

MM/YY: _____

| Day | System 4 | | System 6 | | System 7 | | System 8 | |
|-----|----------|------------|----------|------------|----------|------------|----------|------------|
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Comments:

QC Reviewer: _____
Date: _____

QA Reviewer: _____
Date: _____

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